

# Electronic Filing System (EFS) Data

## Electronic Patent Application Submission

### USPTO Use Only

USPTO Electronic Filing System

EFS ID: 13438  
Application ID: 09683454  
Title of Invention: Biopsy Needle Having Rotating Core For Shearing Tissue  
First Named Inventor: John Fisher  
Domestic/Foreign Application: Domestic Application  
Filing Date: null  
Effective Receipt Date: 2002-01-02   
Submission Type: Utility Patent Filing  
Filing Type: new-utility  
Confirmation Number: 0  
Attorney Docket Number: 1139.16  
Digital Certificate Holder: cn=Anton John Hopen, ou=Registered Attorneys, ou=Patent and Trademark Office, ou=Department of Commerce, o=U.S. Government, c=US  
Certificate Message Digest: aMzAHBFVdhDiZ8rrcJ5zNw==  
Total Fees Authorized: \$562.0

Payment Category: CC – Credit Card  
Credit Card Number: \*\*\*\*2000  
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Card Holder Name: Anton J. Hopen  
RAM User ID: EFSPROD  
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JC474 U.S. PRO  
09/683454  
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# TRANSMITTAL FORM

Electronic Version 1.0.3

Stylesheet Version: 1.0

Attorney Docket  
Number:

1139.16

Submission Type: Utility Patent  
Filing

## Biopsy Needle Having Rotating Core For Shearing Tissue

First Named Inventor: John S. Fisher

**SUBMITTED BY**

Name:	Ronald E. Smith
Registration Number:	28761
Electronic Signature Mark: /ronald e smith/	Date Signed: 20020102
Name:	Anton J. Hopen
Registration Number:	41849
Electronic Signature Mark: /anton j hopen/	Date Signed: 20020102

*I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.*

*I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.*

**Attached Files:**

declaration	Dec01.tif
declaration	Dec02.tif
fee-transmittal	1139efee.xml
bibd-transmittal	1139eapds.xml
specification	Spec.xml

**Attached Image File(s):**

Dec01.tif  
Dec02.tif

2024 RELEASE UNDER E.O. 14176

### Comments:

**COMBINED DECLARATION AND POWER OF ATTORNEY**

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION, OR C-I-P)

As below named inventors, we hereby declare that:

**TYPE OF DECLARATION**

- This declaration is for an original application.

**INVENTORSHIP IDENTIFICATION**

My residence, post office address and citizenship are as stated below, next to my name. We believe that we are the original, first inventors of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

Biopsy Needle Having Rotating Core For Shearing Tissue

**SPECIFICATION IDENTIFICATION**

The specification is attached hereto.

**ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

We hereby state that we have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56.

**POWER OF ATTORNEY**

We hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Anton J. Hopen  
Ronald E. Smith

Registration Number 41,849  
Registration Number 28,761

We hereby appoint the practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO

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Clearwater, FL 33760  
Customer No. 21,901

DIRECT TELEPHONE CALLS TO:

Ronald E. Smith  
(727) 507-8558

**DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**SIGNATURES**

**Inventor's signature**

John S. Fisher

**Date**

\_\_\_\_\_, 2001

**Country of Citizenship**

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**Residence**

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**Inventor's signature**

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# FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

*Patent fees are subject to annual revisions on or about October 1st of each year.*

Small Entity

Independent Inventor

**TOTAL FEES AUTHORIZED: \$ 562**

## BANK (CREDIT) CARD INFORMATION:

Credit Card Number: 2000  
Expiration Date: 20020531  
Authorized Name: Anton J. Hopen  
Billing Address: 33760

## BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 370

Subtotal For Basic Filing Fee: \$ 370

## EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 32	203	\$ 9	12	\$ 108
Independent Claims: 5	202	\$ 42	2	\$ 84

Subtotal For Extra Claims Fees: \$ 192